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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/406,149 04/01/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 06/08/2004

PRS

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 56	TOTAL CLAIMS 55	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>PRS</i> Initials <i>PRS</i>				

**ADDRESS**

69785

**TITLE**

Single use endoscopic imaging system

<b>FILING FEE RECEIVED</b> 3670	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( .Processing Ext. of time )
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